

Agenda

July 8, 2021 – 11:00 a.m.

Board Room 1, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233

1. **Call to Order and Introductions** – *Alexandra Jansson, Senior Policy Analyst, Governmental and Regulatory Affairs, Virginia Department of Health*
2. **Election of Committee Chair and Vice Chair**
3. **Review of Agenda** – *Ms. Jansson*
4. **Public Comment**
5. **Presentations and Discussion**
 - 5.1. **Review of Statutory Requirements on Evidence and Documentation** – *Rebekah E. Allen, Senior Policy Analyst, Office of Licensure and Certification, Virginia Department of Health*
 - 5.2. **Discussion on Evidence and Documentation** – *Task Force Members, Ms. Allen, and Ms. Jansson*
6. **Next Steps** – *Ms. Allen and Ms. Jansson*
7. **Other Business** – *Ms. Allen and Ms. Jansson*
8. **Meeting Adjournment**

Best Practices and Processes Committee (Task Force on Services for Survivors of Sexual Assault)

July 8, 2021 at 11:00 AM
Board Room 1, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233



CALL TO ORDER AND INTRODUCTIONS



Introductions

Named Members in the Code of Virginia

Name	Constituency
M. Norman Oliver	Commissioner, Department of Health
Jennifer Boysko	Senate Rules Committee
Kelly Convirs-Fowler	House of Delegates
Karrie Delaney	House of Delegates
Mark Herring	Attorney General
Caren Sterling	Deputy Director, Bureau of Criminal Investigation, Department of State Police (designee of Gary Settle, Director of Department of State Police)
Gena Boyle Berger	Chief Deputy Commissioner, Department of Social Services (designee of Duke Storen, Commissioner)



Introductions

Appointed by Governor

Name	Constituency
Robin Foster	Representative of a licensed hospital
Lindsey Caley	Licensed pediatrician who is a practitioner of emergency medicine
Patricia Hall	Member of sexual assault survivor advocacy organization
Melissa Harper	Licensed nurse who is a sexual assault nurse examiner
Sara Jennings	Licensed nurse who is a sexual assault nurse examiner
Jeanne Parrish	Member of children's advocacy organization
Bonnie Price	Licensed nurse who is a sexual assault nurse examiner
Dawn Scaff	Representative of a licensed hospital
Scott Sparks	Licensed physician who is a practitioner of emergency medicine
Brooke Thomas	Licensed physician who is a practitioner of emergency medicine
Chatonia Zollicoffer	Member of sexual assault survivor advocacy organization



ELECTION OF COMMITTEE CHAIR AND VICE CHAIR

Agenda

Item	Speaker
Introductions and Roll Call	Alexandra Jansson, MPP, Senior Policy Analyst Governmental and Regulatory Affairs
Election of Committee Chair and Vice Chair	
Review of Agenda	Ms. Jansson
Public Comment	
Review of Statutory Requirements for Model Documents	Rebekah E. Allen, JD, Senior Policy Analyst Office of Licensure and Certification
Discussion on Model Treatment Plan for Adult Survivors of Sexual Assault	Task Force Members, Ms. Allen, and Ms. Jansson
Next Steps	Ms. Allen and Ms. Jansson
Other Business	Ms. Allen and Ms. Jansson
Meeting Adjournment	

PUBLIC COMMENT

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Public Comment Period

There is a two minute time limit for each person to speak.

We will be calling from the list generated through attendee registration.

After the 2 minute public comment limit is reached, we will let you complete the sentence. We will then mute you and move on to the next attendee.

We will call the name of the person on list and also the name of the person is next on the list.

REVIEW OF STATUTORY REQUIREMENTS ON EVIDENCE AND DOCUMENTATION

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VDH VIRGINIA
DEPARTMENT
OF HEALTH
To protect the health and promote the
well-being of all people in Virginia.

Reminder

The information on these slides come from the Code of Virginia (Article 8 of Chapter 5 of Title 32.1)

The best practices and processes created by the Task Force have to fit with the statutorily defined terms and minimums

The best practices and processes can include more than the minimum requirements, but cannot omit any minimum requirements

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Key Concepts

Pediatric - any patient age 12 or younger

Adult - any patient age 13 or older

Pediatric health care facility - a hospital, clinic, or physician's office that provides health care services to pediatric patients

Transfer hospital - a hospital with a sexual assault survivor transfer plan approved by VDH

Treatment hospital - a hospital with a sexual assault survivor treatment plan approved by VDH to provide sexual assault survivor treatment services to all survivors of sexual assault:

- who present with a complaint of sexual assault within the previous 7 days; or
- who have disclosed past sexual assault by a specific individual and were in the care of that individual within the previous 7 days

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Key Concepts (cont.)

Forensic medical examination - health care services provided to a survivor that include medical history, physical examination, laboratory testing, assessment for drug-facilitated or alcohol-facilitated sexual assault, collection of physical evidence recovery kit, and discharge and follow-up health care planning necessary to ensure the health, safety, and welfare of the survivor and the collection and preservation of evidence that may be used in a criminal proceeding

Physical evidence recovery kit - evidence collection kit supplied by the Department of Forensic Science to health care providers for use in collecting evidence from survivors of sexual assault during forensic medical examinations

Anonymous physical evidence recovery kit - physical evidence recovery kit collected from a survivors of sexual assault where the survivor elects, at the time of the examination, not to report the sexual assault offense to a law-enforcement agency

DCLS - Division of Consolidated Laboratory Services of the Virginia Department of General Service

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Statutory Requirements

- Forensic medical examinations are:
 - Only conducted with the consent of the survivor
 - To include an offer to complete a physical evidence recovery kit
- Photographic documentation is maintained by treating facility as part of the patient's forensic medical examination.
- When a survivor with a completed kit choose to report to law enforcement:
 - Health care provider must notify law-enforcement agency within 4 hours of the forensic medical examination
 - Law-enforcement agency must take possession within a reasonable time frame
- When a survivor with a completed kit choose NOT to report to law enforcement:
 - Health care provider informs survivor that:
 - The kit will be sent to DCLS for storage
 - The length of time the kit will be stored
 - The survivor's right to object to the destruction of the kit
 - How the survivor release kit to law-enforcement agency at a later date
 - Health care provider forwards the kit to DCLS in accordance with DCLS policies and procedures

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Statutory Requirements (cont.)

- No survivor is charged for the collecting or storing a physical evidence recovery kit or an anonymous physical evidence recovery kit
- Virginia Department of Forensic Science provides access to the Physical Evidence Recovery Kit Tracking System
- Health care providers must:
 - Enter the identification number and other information pertaining to the kits in the System
 - Update the status and location of each kit in the System whenever such status or location changes
 - Inform the survivor of the unique identification number assigned to their kit
 - Provide the survivor with information regarding the System

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DISCUSSION ON EVIDENCE AND DOCUMENTATION

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Resources Collected to Date

Staff have collected these adult treatment resources:

- 2013 ACEP Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient
- 2013 DOJ National Protocol for Sexual Assault Medical Forensic Examinations
- 2016 CDC Selected Practice Recommendations for Contraceptive Use
- 2016 EAN IAFN Adult and Adolescent Sexual Assault Patients in the Emergency Care Setting
- 2018 ACEP Management of the Patient with the Complaint of Sexual Assault

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Questions to Consider

Are the listed resources a good starting point for discussion on best practices and processes?

What Virginia-specific practices and processes, if any, are available or already in use for physical evidence recovery kits?

Creating, storing, and retaining documentation and evidence at treating facilities - what are facilities already doing in these areas? Where are there opportunities for improvement?

What are the best practices and process for pediatric (12 and under) survivors when completing physical evidence recovery kits?

NEXT STEPS

OTHER BUSINESS

MEETING ADJOURNMENT